


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90292 039 \*\*\*150.00

<b>DOCUMENT # P94000066700</b> 1. Entity Name <b>BENITO ADVERTISING AGENCY, INC.</b>					
Principal Place of Business <b>100 N TAMPA ST SUITE 3300 TAMPA, FL 33602 US</b>			Mailing Address <b>P.O. BOX 1628 PARKERSBURG, WV 26102</b>		
2. Principal Place of Business <b>400 North Ashley Drive</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 2020</b>			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>			
Zip <b>33602</b>		Country <b>USA</b>		4. FEI Number <b>55-0736886</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>VERVAEKE, WILLIAM A 100 N TAMPA ST SUITE 3300 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name <b>400 North Ashley Drive</b> <b>Suite 2020</b> City <b>Tampa, FL</b> Zip Code <b>33602</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FAHLGREN, H. SMOOT 418 GRAND PARK DR STE 321 PARKERSBURG, WV 26101 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRONGOWSKI, STEVE 585 SOUTH FRONT STREET STE 300 COLUMBUS, OH 43215 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	250 Old Wilson Bridge Road Suite 250 Columbus, OH 43085-0800 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLBERT, BRENT L 585 SOUTH FRONT ST STE 300 COLUMBUS, OH 43215 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	250 Old Wilson Bridge Road Suite 250 Columbus, OH 43085-0800 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM PERKINS, CHRISTOPHER 585 SOUTH FRONT STREET STE 300 COLUMBUS, OH 43215 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESSIG, C. RENEE 418 GRAND PARK DR STE 321 PARKERSBURG, WV 26101 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VERVAEKE, WILLIAM A 100 N TAMPA STREET STE 3300 TAMPA, FL 33602 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400 North Ashley Drive Suite 2020 Tampa, FL 33602 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>C. Renee Lessig</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			C. Renee Lessig 4/15/04 304-424-3591 Date Daytime Phone #		